

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6281</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Thomas J. Ritchie, Sr.</u>  P.O. Box, Bldg., Room No., if any  Street <u>1644 Spaulding Road</u> City <u>Dayton</u> State <u>Ohio</u> ZIP Code + 4 <u>45432</u>	4. Name, file number, and address of labor organization. Name <u>Ohio Council 8, AFSCME, AFL-CIO</u> Labor Organization File Number <u>512927</u>  P.O. Box, Building and Room Number, if any  Street <u>6800 North High Street</u> City <u>Worthington</u> State <u>Ohio</u> ZIP Code + 4 <u>43085</u>
5. Position in labor organization. <u>Director of Field Services and Organizing</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.   7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Thomas J. Ritchie Sr

On

8 10 05

Date

937-461-9983

Telephone Number

Name of Person Filing	Thomas J. Ritchie, Sr.	File Number	U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Duvin, Cahn & Hutton, LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Erievue Tower, 20th Fl.

Street 1301 East Ninth Street

City Cleveland

State Ohio ZIP Code + 4 44114

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ohio AFSCME Care Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1603 East 27th Street

City Cleveland

State Ohio ZIP Code + 4 44114

11.a. Nature of such dealing.

Duvin, Cahn & Hutton, LLP is a law firm that represents the Ohio AFSCME Care Plan. The Ohio AFSCME Care Plan provides supplemental health insurance, life insurance and pre-paid legal service benefits to members of Ohio Council 8, AFL-CIO. Thomas J. Ritchie, Sr. is a trustee of the Ohio AFSCME Care Plan.

11.b. Approximate dollar value of such dealing. Unknown to filer.

12.a. Nature of interest held or income received.

Dinner the evening before the Ohio AFSCME Care Plan Board of Trustees meeting provided by Duvin, Cahn & Hutton. April 13, 2004.

12.b. Amount.

\$87.60

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing	Thomas J. Ritchie, Sr.	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>X b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Ohio AFSCME Care Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1603 East 27th Street</p> <p>City Cleveland</p> <p>State Ohio ZIP Code + 4 44114</p>	<p>11.a. Nature of such dealing.</p> <p>Ohio AFSCME care Plan is a Taft Hartley Fund that provides supplemental health care, life insurance and pre-paid legal services benefits to members of Ohio Council 8, AFSCME, AFL-CIO. Thomas J. Ritchie, Sr. is a trustee of the Ohio AFSCME Care Plan.</p> <p>11.b. Approximate dollar value of such dealing. \$615,000.00/Yr.</p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursed and paid expenses for Thomas J. Ritchie, Sr. to attend the April 14, 2004 Ohio AFSCME Care Plan Board of Trustees meeting. (See, schedule of expenses attached).</p> <p>12.b. Amount. \$401.90</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

ATTACHMENT  
LM - 30  
Filer: Thomas J. Ritchie, Sr.

Reimbursed Expenses for  
attendance at April 14, 2004  
Ohio AFSCME Care Plan  
Board of Trustees Meeting

Hotel:	\$194.33
Lunch:	\$ 17.63
Tips:	\$ 20.00
Mileage:	\$159.94
Valet :	\$ 10.00

Name of Person Filing Thomas J. Ritchie, Sr.	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Duvin, Cahn &amp; Hutton, LLP</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Erieview Tower, 20th Fl.</p> <p>Street 1301 East Ninth Street</p> <p>City Cleveland</p> <p>State Ohio ZIP Code + 4 44114</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Ohio AFSCME Care Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1603 East 27th Street</p> <p>City Cleveland</p> <p>State Ohio ZIP Code + 4 44114</p>	<p>11.a. Nature of such dealing.</p> <p>Duvin, Cahn &amp; Hutton, LLP is a law firm that represents the Ohio AFSCME Care Plan. The Ohio AFSCME Care Plan provides supplemental health insurance, life insurance and pre-paid legal service benefits to members of Ohio Council 8, AFL-CIO. Thomas J. Ritchie, Sr. is a trustee of the Ohio AFSCME Care Plan.</p> <p>11.b. Approximate dollar value of such dealing. Unknown to filer.</p> <p>12.a. Nature of interest held or income received.</p> <p>Dinner the evening before the Ohio AFSCME Care Plan Board of Trustees meeting provided by Duvin, Cahn &amp; Hutton. November 9, 2004.</p> <p>12.b. Amount. \$84.76</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing

Thomas J. Ritchie, Sr.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Ohio AFSCME Care Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

1603 East 27th Street

City

Cleveland

State

Ohio

ZIP Code + 4

44114

## 11.a. Nature of such dealing.

The Ohio AFSCME Care Plan is a Taft Hartley Fund that provides supplemental health care, life insurance and pre-paid legal services benefits to members of Ohio Council 8, AFSCME, AFL-CIO. Thomas J. Ritchie, Sr. is a trustee of the Ohio AFSCME Care Plan.

## 11.b. Approximate dollar value of such dealing.

\$615,000.00/Yr.

## 12.a. Nature of interest held or income received.

Reimbursed and paid expenses for Thomas J. Ritchie, Sr. to attend the November 10, 2004 Ohio AFSCME Care Plan Board of Trustees meeting. (See, schedule of expenses attached).

## 12.b. Amount.

\$356.89

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

## 14.b. Amount of payment.

ATTACHMENT  
LM - 30  
Filer: Thomas J. Ritchie, Sr.

Reimbursed Expenses for  
attendance at November 10, 2004  
Ohio AFSCME Care Plan  
Board of Trustees Meeting

Breakfast:	\$ 4.95
Lunch:	\$ 26.36
Tips:	\$ 10.00
Mileage:	\$155.62
Valet :	\$ 10.00
Hotel:	\$149.96

Name of Person Filing

Thomas J. Ritchie, Sr.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ohio AFSCME Care Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1603 East 27th Street

City Cleveland

State Ohio

ZIP Code + 4 44114

## 11.a. Nature of such dealing.

The Ohio AFSCME Care Plan is a Taft Hartley Fund that provides supplemental health care, life insurance and pre-paid legal services benefits to members of Ohio Council 8, AFSCME, AFL-CIO. Thomas J. Ritchie, Sr. is a trustee of the Ohio AFSCME Care Plan.

## 11.b. Approximate dollar value of such dealing.

\$615,000.00/Yr.

## 12.a. Nature of interest held or income received.

Registration fees and hotel deposit for Thomas J. Ritchie, Sr. to attend the 51st Annual Employee Benefits Conference to be held November 13 through 16, 2005. (See, schedule of expenses attached).

## 12.b. Amount.

\$1,900.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

## 14.b. Amount of payment.



ATTACHMENT  
LM - 30  
Filer: Thomas J. Ritchie, Sr.

Registration Fees/Deposits to Attend  
51<sup>st</sup> Annual Employee Benefits Conference  
November 13 through 16, 2005

Conference Fee:	\$960.00
Workshop Fee:	\$590.00
Hotel Deposit:	\$350.00

Name of Person Filing <b>Thomas J. Ritchie, Sr.</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

11.a. Nature of such dealing.

The Ohio AFSCME Care Plan is a Taft Hartley Fund that provides supplemental health care, life insurance and pre-paid legal services benefits to members of Ohio Council 8, AFSCME, AFL-CIO. Thomas J. Ritchie, Sr. is a trustee of the Ohio AFSCME Care Plan.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursed expenses for Thomas J. Ritchie, Sr. to attend the 50th Annual Employee Benefits Conference held November 29 through December 5, 2004. (See, schedule of expenses attached).

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

ATTACHMENT

LM - 30

Filer: Thomas J. Ritchie, Sr.

Reimbursed Expenses for Attendance at  
50<sup>th</sup> Annual Employee Benefits Conference  
November 29 through December 5, 2004

Breakfast:	\$ 156.70
Lunch:	\$ 82.75
Dinner:	\$ 626.40
Tips:	\$ 156.13
Cabs:	\$ 163.74
Valet:	\$ 130.00
Telephone:	\$ 12.50
Hotel:	\$1084.02
Airfare:	\$ 238.40

Name of Person Filing

Thomas J. Ritchie, Sr.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Ohio AFSCME Care Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

1603 East 27th Street

City

Cleveland

State

Ohio

ZIP Code + 4

44114

## 11.a. Nature of such dealing.

The Ohio AFSCME Care Plan is a Taft Hartley Fund that provides supplemental health care, life insurance and pre-paid legal services benefits to members of Ohio Council 8, AFSCME, AFL-CIO. Thomas J. Ritchie, Sr. is a trustee of the Ohio AFSCME Care Plan.

## 11.b. Approximate dollar value of such dealing.

\$615,000.00/Yr.

## 12.a. Nature of interest held or income received.

Reimbursed expenses for Thomas J. Ritchie, Sr. to attend the International Foundation of Employee Benefits Plans Conference held November 7 through 13, 2003. Reimbursement issued January 14, 2004. (See, schedule of expenses attached).

## 12.b. Amount.

\$3,443.31

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

## 14.b. Amount of payment.

ATTACHMENT  
LM - 30  
Filer: Thomas J. Ritchie, Sr.

Reimbursed Expenses to Attend  
International Foundation Conference  
November 7 through 13, 2003  
(Reimbursement Issued 1/14/04)

Breakfast:	\$ 218.75
Lunch:	\$ 147.14
Dinner:	\$ 323.14
Tips:	\$ 137.79
Refreshments:	\$ 9.20
Valet:	\$ 43.00
Parking:	\$ 136.00
Car Rental:	\$ 241.29
Hotel:	\$ 1814.00
Airfare:	\$ 373.00